Please mail the completed form and required material to:

New Hampshire Division of Historical Resources State Historic Preservation Office Attention: Review & Compliance 19 Pillsbury Street, Concord, NH 03301-3570

DHR Use Only
R&C#
Log In Date//
Response Date / /
Sent Date//

Request for Project Review by the New Hampshire Division of Historical Resources

☐ This Project is funded by the American Recovery and Reinvestment Act of 2009						
☐ This is a new submittal ☐ This is additional information relating to DHR Review #:						
GENERAL PROJECT INFORMATION						
Project Title						
Project Location	1					
	Tax Map & Lot	#				
	NH State Plane	e Geographic C	Coordinates: 1	Easting North	ing	
Lead Federal Agency (Agency providing funds, licenses, or permits)						
			Permit or	Job Reference #		
State Agency and Contact (if applicable)						
			Permit or	Job Reference #		
APPLICANT INFORMATION						
Applicant Name	<u> </u>			Phone Number		
Street Address						
City		State	Zip	Email		
CONTACT PERSON TO RECEIVE RESPONSE						
Name/Company	·			Phone Number		
Street Address						
City		State	Zip	Email		

Please refer to the Request for Project Review manual for direction on completing this form. Submit one copy of this project review form for each project for which review is requested. Include a self-addressed stamped envelope to expedite review response. Project submissions will not be accepted via facsimile or e-mail. This form is required. Review request form must be complete for review to begin. Incomplete forms will be sent back to the applicant without comment. Please be aware that this form may only initiate consultation. For some projects, the Division of Historical Resources (DHR) may require additional information to complete our review. All items and supporting documentation submitted with a review request, including photographs and publications, must be retained by the DHR as part of its review records. Items to be kept confidential should be clearly identified. For questions regarding the DHR review process, please visit our website at: http://www.nh.gov/nhdhr/review or contact the R&C Specialist at 603.271.3558.

PROJECT BOUNDARIES AND DESCRIPTION

PROJECTS CANNOT BE PROCESSED WITHOUT THIS INFORMATION

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REQUIRED					
-	Attach the relevant portion of a 7.5' USGS Map (photocopied or computer-generated) <i>indicating the defined project boundary</i> .				
proposed project; (2) site rehabilitation, demolition	Attach a detailed written description of the proposed project. Include: (1) a narrative description of the proposed project; (2) site plan; (3) photos and description of the proposed work if the project involves rehabilitation, demolition, additions, or alterations to existing buildings or structures; and (4) a photocopy of the relevant portion of a soils map (if accessible) for ground-disturbing projects.				
$\underline{Architecture}$					
	e there any buildings or structures within the project area? Yes No If yes, submit all of the following information:				
Approximate age(s):					
~ ·	ling located within the project area along with a photo key. Include streetscape gital photographs are accepted. All photographs must be clear, crisp and				
☐ DHR file review conducted	l on/				
	note that as part of the review process, the DHR may request a architectural survey or other additional information.				
<u>Archaeology</u>					
	oes the proposed undertaking involve ground-disturbing activity? Yes No If yes, submit all of the following information:				
☐ Project specific map and/o proposed excavation.	Project specific map and/or preliminary site plan that fully describes the project boundaries and areas of proposed excavation.				
☐ Description of current and	Description of current and previous land use and disturbances.				
☐ Any available information area.	Any available information concerning known or suspected archaeological resources within the project area.				
Please note that as part of the review process, the DHR may request an archaeological survey or other additional information.					
DHR COMMENT	This Space for Division of Historical Resources Use Only				
☐ No Potential to cause Effects	☐ Additional information is needed in order to complete our review				
□ No Adverse Effect	\square No Historic Properties Affected \square Adverse Effect				
Comments:					
f plans change or resources are discovered as required by federal law and regulation.	l in the course of this project, you must contact the Division of Historical Resources				
Authorized Signature:	Date:				